



**JOMO KENYATTA UNIVERSITY  
OF  
AGRICULTURE AND TECHNOLOGY**

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**EMERGENCY OPERATIONS**

Name of Student: .....

University Registration Number: .....

Course Accepted for: .....

Approval of your parent or (guardian) is required for the Vice-Chancellor of the University to give consent on their behalf for an emergency operation to be carried out on you should a situation calling for such an operation arises. Parents (Guardians) are therefore required to complete the consent form below.

**FORM OF CONSENT**

I agree that the Vice-Chancellor of the Jomo Kenyatta University of Agriculture and Technology may consent to any emergency operation being performed

on:.....(Insert Name of Student) if it has not proved possible to contact me in time.

Name (Parent/Guardian):.....

Signature:..... Relationship: .....

Telephone No(s): .....

E-Mail:..... Date: .....



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Setting Trends in Higher Education, Research, Innovation and Entrepreneurship

